

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 16 1950

Registrar's No. 229

332

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |                               |  |                                     |   |   |   |  |
|---|-------------------------------|--|-------------------------------------|---|---|---|--|
| BIRTH NO. ....  |                               | REG. DIST. NO. <u>170</u>  |                                     | PRIMARY REG. DIST. NO. <u>3033</u>  |   | Registrar's No. <u>229</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |                               |  |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Stoutland</u> b. COUNTY <u>Camden</u>   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>   |                               | c. LENGTH OF STAY (If in place) <u>20 hours</u>  |                                     | c. CITY (If outside corporate limits, write RURAL and give township) <u>Stoutland Mo.</u>   |   | 0150  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>  |                               |  |                                     | d. STREET ADDRESS (If rural, give location) <u>1</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Nancy</u>  |                               | b. (Middle) <u>Hahn</u>  |                                     | c. (Last) <u>Brown</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1950</u>                        |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>                                  | 8. DATE OF BIRTH <u>Dec 6, 1874</u> |   | 9. AGE (In years last birthday) <u>75</u> | 10. IF UNDER 1 YEAR: Day <u>1</u> Month <u>24</u> Hours <u>1</u> Min. <u>24</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |                                     | 11. BIRTHPLACE (State or foreign country) <u>Camden County Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                      |  |
| 13a. FATHER'S NAME <u>Ezra Benton Knight</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Emma Wadsworth</u>  |                                     | 14. NAME OF HUSBAND OR WIFE <u>Joseph Brown</u>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |                               | 16. SOCIAL SECURITY NO. <u>none</u>  |                                     | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Letha Henson</u>  |   | ADDRESS <u>Stoutland Mo</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |                               |  |                                     | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>enlarged heart</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Bronchial Pneumonia</u><br>DUE TO (c) <u>2 weeks</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>491X</u> |   |   |  |
| 19a. DATE OF OPERATION <u>none</u>  |                               | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u>  |                                     | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |                                     | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stoutland Camden Mo</u>  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 29 1950 5:30 p.m.</u>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                     | 21f. HOW DID INJURY OCCUR? <u>✓</u>   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 5<sup>th</sup></u> , 1950, to <u>Jan 29</u> , 1950, that I last saw the deceased alive on <u>Jan 29</u> , 1950, and that death occurred at <u>5:30 p.m.</u> from the causes and on the date stated above. |                               |  |                                     |   |   |   |  |
| 23a. SIGNATURE <u>C. E. Cartain</u> (Degree or title) <u>M.D.</u>   |                               |  |                                     | 23b. ADDRESS <u>Stoutland Mo</u>  |   | 23c. DATE SIGNED <u>2-1-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>Feb. 1, 1950</u>  |                                     | 24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Camden County Mo</u>           |  |
| DATE REC'D BY LOCAL REG. <u>Feb 6-1950</u>  |                               | REGISTRAR'S SIGNATURE <u>Thella L. May</u>   |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wingfield Evans</u>   |   | ADDRESS <u>Stoutland Mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1950

Received FEB 11 1950  
Laclede County Health Unit  
File No. 2 - 50 - 32  
Date Filed FEB 15 1950

FEB 15 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

*This body was not embalmed*

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*W. J. G. [Signature]*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.